

CODE	Section VI MEMBERSHIP Standard of 95 percent relates to requirements of timeliness, accuracy and disclosure.
MEMBERSHIP RULES	
MB01	If the M+CO Organization intends to change its rules for an M+C Plan, it must give notice to all enrollees at least 30 days before the intended effective date of the changes. 42 CFR 422.111(d)(2) and (3) [] MET [] NOT MET [] NOTE
PREMIUMS AND OTHER AMOUNTS DUE	
MB02	The M+CO Organization does not make changes during the contract year which result in an increase in premiums or a decrease in benefits. If there the M+CO makes is a mid-year regulatory change in Medicare program benefits/premiums or copays, the M+C Organization notifies its enrollees of the added benefits or reduced premiums or copays . 42 CFR 422.109, 42 CFR 422.111(d)(3), 42 CFR 422.300(b)(1)(ii) and (iii); OPL 96.030 [] MET [] NOT MET [] NOTE
MB03	The M+CO Organization must agree to refund all amounts incorrectly collected from its Medicare enrollees, or from others that made payments on behalf of the enrollees, and to pay any other amounts due the enrollees or others on their behalf. 42 CFR 422.309(b) [] MET [] NOT MET [] NOTE
MB04	The M+CO Organization must make a single, lump-sum payment to each Medicare enrollee for amounts it owes under the following conditions if the M+C Organization is going out of business or is terminating its M+C contract : 1) to repay amounts incorrectly collected from enrollees that were not collected as premiums; 2) other amounts due enrollees (including prepayment of premiums, where the enrollee is terminated prior to exhaustion of prepaid premiums); and, 3) all amounts due enrollees (including premiums), if the M+CO is going out of business or is terminating its M+C contract . If the M+CO will continue to offer an M+C plan and the amounts incorrectly collected were in the form of premiums or included premiums as well as other charges, the M+CO Organization may refund by adjustment of future premiums or by a combination of premium adjustment and lump-sum payment., 42 CFR 422.309(c)(1)(I) and (iii) and (c)(2) [] MET [] NOT MET [] NOTE
REPORTING AND RECONCILIATION OF RECORDS Use Worksheets: WS-MB1; WS-MB2; WS-EN1	
MB05	The M+CO Organization reviews the <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings and the <i>Maintenance Records</i> upon receipt and appropriately follows-up on any change in enrollee's status. Cross refer to AM07 AM06 and EN11 . 42 CFR 422.502(b), 422.502(l) and 422.74(2)(ii) , OPL 99.100 [] MET [] NOT MET [] NOTE

MOE MB05	<p>Determine: If the M+CO Organization has a system to promptly and thoroughly review and reconcile the HCFA Monthly Transaction Reply/Monthly Activity Report listings and Maintenance records (i.e., does the M+CO Organization follow-up on changes in enrollee status by documenting records and/or contacting enrollees when appropriate). The M+CO Organization should consistently review the HCFA Monthly Transaction Reply/Monthly Activity Report listings for changes in enrollment, disenrollment, name, Medicare number, address/out of area residency, death, loss of Part A and/or Part B, SSA disenrollment, etc., and take the appropriate action regarding such status.</p> <p><input type="checkbox"/> Determine if the M+CO Organization reviews <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings to verify whether inputs are accepted or rejected. Determine if appropriate follow up action is being taken in response to the <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings.</p> <p><input type="checkbox"/> The M+CO Organization disenrolls in its internal records Medicare enrollees who lose Part A and/or Part B entitlement effective the month following the last month of such entitlement. (42 CFR 422.74(2)(ii))</p> <p>Review: Written internal policies and procedures for reporting and reviewing the HCFA Monthly Transaction Reply/Monthly Activity Report listings and enrollee files (as appropriate) and sample case files.</p> <p>Interview: Staff responsible for collecting and reporting institutional information and other status changes to HCFA and reconciling information from the HCFA Monthly Transaction Reply/Monthly Activity Report listings.</p> <p>NOTES: 1. Use WS-MB2 (Maintenance Actions) to verify that status changes for cases were correctly documented and appropriately followed-up on. 2. For MB03, capture results from WS-DS1, Premium Refund Due and Sent column.</p>
MB06	<p>The M+CO Organization has an effective system in place to track, control, and report institutional rate cell status. The M+CO Organization verifies its enrollees' institutional status at the beginning of each month, correctly defines such status, accurately identifies those enrollees that resided in an institution for at least 30 consecutive days, which included as the 30th day, the last day of the month, and submits such data to HCFA. Cross refer to AM06</p> <p>OPL 97.054</p> <p style="text-align: right;">[]Yes []NO []NOTE</p>
MOE MB06	<p><input type="checkbox"/> Institutional Rate Cell Status. M+COs Organizations must demonstrate to the reviewer a written process for reviewing the status of all institutional rate-cell eligible individuals monthly. This process must evidence should show a clear understanding of the eligibility requirements for institutional payment. Utilize worksheet WS-MB1.</p> <p>In order to qualify for the institutional rate, a Medicare enrollee must have been a resident of a Medicare or Medicaid-certified institution that meets the requirements as listed in OPL 97.054 for a minimum of 30 consecutive days which includes, as the 30th day, the last day of the month prior to the month for which the higher institutional rate cell is paid claimed. This qualifying period of residency must be satisfied each month in order for the M+CO Organization to be paid at claim the higher institutional rate.</p> <p>HCFA will continue to pay the institutionalized rate while an enrolled member is temporarily absent from the facility for hospitalization or therapeutic leave, if a bed is being held and paid for on behalf of the member. Temporary interruptions (less than 15 days) for medical necessity will be counted toward the 30-day requirement.</p> <p>In order to clarify the residency requirement, the use of the term "calendar month" cannot be used. A calendar month can have 28 to 31 days and thus cannot be substituted for 30 days. For example, in a month with 31 days, a beneficiary would have to be institutionalized</p>

	from the 2nd - 31st day of the month to meet the requirements for reporting institutionalized status.
WORKING AGED	
MB07	<p>The M+CO Organization has an effective system in place to track, control, and report enrollees' working aged status. HCFA Program Updates, October 11, and October 20, 1994.</p> <p>[] YES [] NO [] MET [] NOT MET [] NOTE</p>
MOE MB07	<p><input type="checkbox"/> <u>Working aged enrollees employed with groups of 20 or more employees:</u> Per Instructions to Industry Memorandum, dated January 11, 1994, contracting M+C Organizations are responsible for identifying and reporting working aged members beginning January 1, 1995. The minimum requirements are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a questionnaire to all new members, <input type="checkbox"/> an annual questionnaire to all beneficiaries under 76 years old, <input type="checkbox"/> biannual advertisement through newsletter or other means, <input type="checkbox"/> verification upon receipt of HCFA data, i.e., from the Common Working File (CWF), and <input type="checkbox"/> incorporation of a working aged identifier in the coordination of benefits (COB) activities. <p><input type="checkbox"/> <u>Working aged enrollees employed with groups of less than 20 employees:</u> This requirement (see EN-17) does not prohibit the small group employer from entering into an agreement with the M+C Organization to retain benefits for such "working aged" employees under the group (commercial) product and informing Medicare-eligible employees of this option.</p>